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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	6880288 10/700,109	
Filing Date	11/03/2003	
First Named Inventor	DOROTHY MARIE OOTEN	
Art Unit	3643	
Examiner Name	BETHANY L. GRILES	
Total Number of Pages in This Submission	3	Attorney Docket Number

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement		AFTER ALLOWANCE CORRECTION
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks US PATENT # 6,880,288 B1	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	PATENT WAS ISSUED UNDER HANES MY MAIDEN NAME. SHOULD BE UNDER OOTEN MY MARRIED NAME. COPY OF BIRTH CERTIFICATE FOR I.D. ENCLOSED	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature	<i>Dorothy Marie Ooten</i>		
Printed name	DOROTHY MARIE OOTEN		
Date	APRIL 27, 2005	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Dorothy Marie Ooten</i>		
Typed or printed name	DOROTHY MARIE OOTEN	Date	4/27/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**

PATENT NO. : US 6,880,288 B1

Page 2 of 3

APPLICATION NO.: 10/700,109

ISSUE DATE : 4/19/2005

INVENTOR(S) : DOROTHY MARIE OOTEN

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

PATENT WAS ISSUED UNDER (HANES) MY MAIDEN NAME.

THE INVENTOR NAME SHOULD READ

(76) INVENTOR: DOROTHY MARIE OOTEN

DOROTHY MARIE OOTEN


Dorothy Marie Ooten
513-734-4813

4/27/05

MAILING ADDRESS OF SENDER (Please do not use customer number below):

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

Reg. Dist. No. 753
Primary Reg. Dist. No. 8339 CERTIFICATE OF LIVE BIRTHRegister's No. 217
Birth No. 134 - 49 66389

1. PLACE OF BIRTH a. COUNTY Lorain		2. USUAL RESIDENCE OF MOTHER (Incorporated cities, towns, villages, etc.) a. STATE Ohio b. COUNTY Lorain	
b. CITY (If outside of county limits, write DISTRICT and give township, village)		c. CITY (If outside Incorporated cities, towns, villages, and unincorpo- rated districts, write DISTRICT and give township, village)	
c. FULL NAME OF PLACE OF BIRTH (In Hospital or Institution, give name and address of HOSPITAL OR INSTITUTION) St. Joseph's Hospital		d. STREET (if rural, give location, ADDRESS)	
d. ZIP (If rural, give location, ADDRESS)		e. CITY (If rural, give location, ADDRESS)	
e. STATE (If rural, give location, ADDRESS)		f. STATE (If rural, give location, ADDRESS)	
f. ZIP (If rural, give location, ADDRESS)		g. ZIP (If rural, give location, ADDRESS)	
4. SEX Female			
5. DATE OF BIRTH State <input checked="" type="checkbox"/> Date <input type="checkbox"/> Month <input type="checkbox"/> Day		6. IF BORN BY TRIPLET, TWIN, TRIPLET, 1st Child <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st <input type="checkbox"/>	
7. FULL NAME Walvia Berry		8. COLOR OF EYES Brown	
9. AGE (in days at time of birth) 40 years		10. OCCUPATION	
11. INFORMANT'S NAME OR SIGNATURE mother		12. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS CHILD) a. How many OTHER children are now living b. How many OTHER children have ever been alive but are now dead c. How many children were stillborn born alive but are now dead	
13. SIGNATURE W. M. Black		14. SPECIFY IF M. B. O. OR OTHER M.B.	
15. ADDRESS Lorain, OH		16. DATE SIGNED 2-7-49	
17. INFORMANT'S SIGNATURE Rose Aquilla		18. DADS GENETIC CODE FOR SON/DAUGHTER 1-13549	
19. FOR MEDICAL AND HEALTH USE ONLY (This section MUST be filled out) 203 Lakeview Dr.			
20. LENGTH OF PREGNANCY 46 weeks	21. WEIGHT AT BIRTH 7 lbs 4 oz.	22. MIDLITUDE	23. CONGENITAL MALFORMATIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. MOTHER'S MAILING ADDRESS Lorain, Ohio			

BIRTH CERTIFICATE FOR - DOROTHY MARIE OOTEN
 PLEASE CHANGE INVENTOR NAME FROM HANES, MY
 MAIDEN NAME TO OOTEN.

THANK YOU

PATENT # US 6,880,288 B1

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